

House File 2105 - Introduced

HOUSE FILE 2105

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A BILL FOR

1 An Act eliminating the board of physician assistants,
2 transferring regulatory responsibilities regarding physician
3 assistants to the board of medicine, making penalties
4 applicable, and including effective date provisions.
5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135.24, subsection 2, paragraph a, Code
2 2016, is amended to read as follows:

3 a. Procedures for registration of health care providers
4 deemed qualified by the board of medicine, ~~the board of~~
5 ~~physician assistants~~, the dental board, the board of nursing,
6 the board of chiropractic, the board of psychology, the board
7 of social work, the board of behavioral science, the board
8 of pharmacy, the board of optometry, the board of podiatry,
9 the board of physical and occupational therapy, the board of
10 respiratory care and polysomnography, and the Iowa department
11 of public health, as applicable.

12 Sec. 2. Section 139A.8, subsection 4, paragraph a,
13 subparagraph (1), Code 2016, is amended to read as follows:

14 (1) The applicant, or if the applicant is a minor, the
15 applicant's parent or legal guardian, submits to the admitting
16 official a statement signed by a physician, advanced registered
17 nurse practitioner, or physician assistant who is licensed
18 by the board of medicine, or board of nursing, ~~or board of~~
19 ~~physician assistants~~ that the immunizations required would be
20 injurious to the health and well-being of the applicant or any
21 member of the applicant's family.

22 Sec. 3. Section 139A.22, subsection 6, Code 2016, is amended
23 to read as follows:

24 6. The board of medicine, ~~the board of physician assistants~~,
25 the board of podiatry, the board of nursing, the dental board,
26 and the board of optometry shall require that licensees comply
27 with the recommendations issued by the centers for disease
28 control and prevention of the United States department of
29 health and human services for preventing transmission of human
30 immunodeficiency virus and hepatitis B virus to patients during
31 exposure-prone invasive procedures, with the recommendations of
32 the expert review panel established pursuant to [subsection 3](#),
33 with hospital protocols established pursuant to [subsection 1](#),
34 and with health care facility procedures established pursuant
35 to [subsection 2](#), as applicable.

1 Sec. 4. Section 147.13, subsection 1, Code 2016, is amended
2 to read as follows:

3 1. For medicine and surgery, osteopathic medicine and
4 surgery, physician assistants, and acupuncture, the board of
5 medicine.

6 Sec. 5. Section 147.13, subsection 2, Code 2016, is amended
7 by striking the subsection.

8 Sec. 6. Section 147.14, subsection 1, paragraph 1, Code
9 2016, is amended by striking the paragraph.

10 Sec. 7. Section 147.16, subsection 2, Code 2016, is amended
11 by striking the subsection.

12 Sec. 8. Section 147.107, subsections 4 and 5, Code 2016, are
13 amended to read as follows:

14 4. Notwithstanding [subsection 3](#), a physician assistant
15 shall not dispense prescription drugs as an incident to
16 the practice of the supervising physician or the physician
17 assistant, but may supply, when pharmacist services are not
18 reasonably available, or when it is in the best interests
19 of the patient, a quantity of properly packaged and labeled
20 prescription drugs, controlled substances, or medical devices
21 necessary to complete a course of therapy. However, a remote
22 clinic, staffed by a physician assistant, where pharmacy
23 services are not reasonably available, shall secure the
24 regular advice and consultation of a pharmacist regarding the
25 distribution, storage, and appropriate use of such drugs,
26 substances, and devices. Prescription drugs supplied under the
27 provisions of [this subsection](#) shall be supplied for the purpose
28 of accommodating the patient and shall not be sold for more
29 than the cost of the drug and reasonable overhead costs, as
30 they relate to supplying prescription drugs to the patient, and
31 not at a profit to the physician or the physician assistant.
32 If prescription drug supplying authority is delegated by a
33 supervising physician to a physician assistant, a nurse or
34 staff assistant may assist the physician assistant in providing
35 that service. Rules shall be adopted by the board of ~~physician~~

1 ~~assistants medicine~~, after consultation with the board of
2 pharmacy, to implement [this subsection](#).

3 5. Notwithstanding [subsection 1](#) and any other provision
4 of [this section](#) to the contrary, a physician may delegate
5 the function of prescribing drugs, controlled substances,
6 and medical devices to a physician assistant licensed
7 pursuant to [chapter 148C](#). When delegated prescribing
8 occurs, the supervising physician's name shall be used,
9 recorded, or otherwise indicated in connection with each
10 individual prescription so that the individual who dispenses
11 or administers the prescription knows under whose delegated
12 authority the physician assistant is prescribing. Rules
13 relating to the authority of physician assistants to prescribe
14 drugs, controlled substances, and medical devices pursuant to
15 this subsection shall be adopted by the board of ~~physician~~
16 ~~assistants medicine~~, after consultation with the ~~board of~~
17 ~~medicine and the~~ board of pharmacy. However, the rules shall
18 prohibit the prescribing of schedule II controlled substances
19 which are listed as depressants pursuant to [chapter 124](#).

20 Sec. 9. Section 147A.13, subsection 1, Code 2016, is amended
21 to read as follows:

22 1. Documentation has been reviewed and approved at the
23 local level by the medical director of the service program in
24 accordance with the rules of the board of ~~physician assistants~~
25 medicine developed after consultation with the department.

26 Sec. 10. Section 148.13, Code 2016, is amended to read as
27 follows:

28 **148.13 Authority of board as to supervising physicians**
29 **and review of contested cases ~~under chapter 148C~~ relating to**
30 **physician assistants — rules.**

31 1. The board of medicine shall adopt rules setting
32 forth in detail its criteria and procedures for determining
33 the ineligibility of a physician to serve as a supervising
34 physician under [chapter 148C](#). The rules shall provide that a
35 physician may serve as a supervising physician under chapter

1 148C until such time as the board of medicine determines,
2 following normal disciplinary procedures, that the physician is
3 ineligible to serve in that capacity.

4 ~~2. The board of medicine shall establish by rule specific~~
5 ~~procedures for consulting with and considering the advice of~~
6 ~~the board of physician assistants in determining whether to~~
7 ~~initiate a disciplinary proceeding under [chapter 17A](#) against~~
8 ~~a licensed physician in a matter involving the supervision of~~
9 ~~a physician assistant.~~

10 3. 2. In exercising their respective authorities its
11 authority, the board of medicine and the board of physician
12 assistants shall cooperate with the goal of encouraging
13 encourage the utilization of physician assistants in a manner
14 that is consistent with the provision of quality health care
15 and medical services for the citizens of Iowa.

16 4. 3. The board of medicine shall adopt rules requiring
17 a physician serving as a supervising physician to notify the
18 board of medicine of the identity of a physician assistant the
19 physician is supervising, and of any change in the status of
20 the supervisory relationship.

21 Sec. 11. Section 148C.1, subsection 2, Code 2016, is amended
22 to read as follows:

23 2. "Board" means the board of ~~physician assistants~~ medicine
24 created under [chapter 147](#).

25 Sec. 12. Section 148C.3, subsection 6, Code 2016, is amended
26 by striking the subsection.

27 Sec. 13. Section 272C.1, subsection 6, paragraph m, Code
28 2016, is amended by striking the paragraph.

29 Sec. 14. REPEAL. Section 148C.12, Code 2016, is repealed.

30 Sec. 15. TRANSITION PROVISIONS.

31 1. The board of medicine and the department of public health
32 shall coordinate any transitional procedures required for
33 allocation of moneys held by the department on behalf of the
34 board of physician assistants to the board of medicine.

35 2. a. Any rule, regulation, form, order, or directive

1 promulgated by the board of physician assistants as required
2 to administer and enforce the provisions of chapter 148C shall
3 continue in full force and effect until amended, repealed, or
4 supplemented by affirmative action of the board of medicine.

b. Any license issued by the board of physician assistants
under chapter 148C, and in effect on the effective date of this
Act, shall continue in full force and effect until expiration
or renewal.

9 3. An administrative hearing or court proceeding arising
10 out of an enforcement action under chapter 148C pending on the
11 effective date of this Act shall not be affected due to this
12 Act. Any cause of action or statute of limitation relating to
13 an action taken by the board of physician assistants shall not
14 be affected as a result of this Act and such cause or statute of
15 limitation shall apply to the board of medicine.

16 Sec. 16. EFFECTIVE DATE. This Act shall take effect January
17 1, 2017, except that the board of medicine and department
18 of public health may begin implementation prior to January
19 1, 2017, to the extent necessary to transition to full
20 implementation of the provisions relating to the licensure and
21 supervision of physician assistants.

22 EXPLANATION

23 The inclusion of this explanation does not constitute agreement with
24 the explanation's substance by the members of the general assembly.

25 This bill eliminates the board of physician assistants and
26 gives the board of medicine authority over Code chapter 148C,
27 relating to physician assistant licensure and practice.

28 The bill provides transition provisions to assist the boards
29 and the department of public health in accomplishing the
30 transfer. The provisions relate to the reallocation of moneys
31 held by the department of public health on behalf of the board
32 of physician assistants to the board of medicine, the validity
33 of existing rules, regulations, forms, orders, and directives
34 promulgated by the board of physician assistants, licenses
35 issued by the board of physician assistants, and pending

1 enforcement or civil actions involving the board of physician
2 assistants.

3 The bill takes effect January 1, 2017, except that the board
4 of medicine and the department of public health may begin
5 implementation prior to that date to the extent necessary to
6 transition to full implementation.